

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/889865	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			51					
2				1		52					
3					1	53					
4						54					
5		1				55					
6			1			56					
7				1		57					
8					1	58					
9						59					
10						60					
11						61					
12						62					
13						63					
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15						65					
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29						79					
30						80					
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35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.			3			TOTAL IND.					
TOTAL DEP.			5			TOTAL DEP.					
TOTAL CLAIMS			8			TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS